



ERNE FLETCHER
GOVERNOR

**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MENTAL HEALTH
AND MENTAL RETARDATION SERVICES
ADMINISTRATION & FINANCIAL MGMT.**

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MARK D. BIRDWHISTELL
SECRETARY

LETTER OF COMMITMENT

Approved SCL Providers are eligible to apply for Transition Funding to assist with the costs to a provider attributed to the transition of individuals residing in an ICF/MR or other facility setting to a community setting. The individual shall meet eligibility criteria as established by the Department for Medicaid Services and Department for Mental Health/Mental Retardation Services. Transition services shall include active participation in all transition planning meetings, development of the individual treatment plan, identification of the special needs of the individual, and a commitment to provide all needed services to the individual for a minimum period of two years.

Transitioning from:

_____ (name of ICF/MR)

PROVIDER

Name/Number: _____

Address: _____

Phone/Fax _____

Terms & Conditions:

Each provider is eligible for up to a total of \$5,000 per individual transitioned.

If provider fails to accept placement at any point in the process, or to continue placement at any point within two years of admission to the SCL program, payments received shall be paid back to the department within 60 days of decision.

Funds may be used for any of the following with prior approval from the Division of Mental Retardation (DMR):

Travel costs to and from transition meetings; staff training attributed to the specific needs of the individual being transitioned from ICF/MR; and staff time during transition meetings or transition visits. Additionally, expenditures for minor home modifications are allowable up to a total of \$1,000 (not to exceed the \$5,000 eligibility limit) per individual to meet ADA requirements or increase independence.

Payment Terms:

Upon commitment, provider may submit invoices for payment to DMR. Staff costs may be billed monthly, home modifications may be billed per occurrence.

Actual expenditures must be documented and documentation shall be submitted to the Division of Mental Retardation as specified on attached forms.

I agree to the above terms:

Signature

Date

Approved: _____

Betsy Dunnigan, Division Director

Date